

## **Simplified Billing Procedures for Providers Involved in Mass Influenza and Pneumonia Immunizations**

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We would like to remind you that entities and providers undertaking mass influenza and/or pneumonia immunization programs may be eligible to use the “simplified” billing process referred to as roster billing, provided they accept assignment as a qualifying condition. The simplified (roster) billing process was developed to enable Medicare beneficiaries to participate in mass vaccination programs offered by public health clinics and other non-institutional entities that bill Medicare carriers and institutional entities that bill the Medicare intermediaries.

This action was influenced by agency knowledge that public health clinics and other non-institutional entities generally lack the requisite resources (budget, staff, time) to submit a separate HCFA-1500 Medicare form for each Medicare beneficiary who is immunized.

Currently, Public Health Clinics (PHC) and other properly licensed individuals and entities conducting mass immunization programs can use a simplified claim filing procedure. They may bill carriers for the influenza or pneumonia virus vaccine benefit for multiple beneficiaries if they agree to accept assignment, accept Medicare’s allowable as payment in full and do not “balance bill” the beneficiary for these services. Also, the Centers for Medicare and Medicaid Services (CMS) has expanded the simplified (roster) billing procedures for mass immunizers who bill intermediaries such as hospital outpatient departments and home health agencies.

The process involves the use of the provider billing form (HCFA-1500) with pre-printed standardized information relative to the provider and the benefit. Mass immunizers who bill intermediaries or carriers attach a standard roster to a single pre-printed HCFA-1500 form containing the variable claim information regarding the service provider and the individual beneficiaries. Intermediaries/carriers use the beneficiary roster list to process influenza and pneumonia claims by mass immunizers.

### **Instructions for Completion of the Roster Bill:**

A copy of the standard “roster” bill can be found on the following pages. **Notice that there is a specific roster form for influenza vaccinations and a separate roster form for pneumonia vaccinations.** Please utilize the correct form when you are providing influenza vaccinations or pneumonia vaccinations to Medicare patients. These forms will greatly reduce the amount of time your staff will spend filing Medicare claims for influenza and pneumonia vaccines.

To use the simplified method of billing for mass immunizations, use the roster forms on the following pages. Complete all information boxes for each patient you immunize. Complete the top portion of the roster form with the provider’s information. After completing the roster form, attach it to a HCFA-1500 form. The instructions for completion of the HCFA-1500 form can be found on the following pages.

**Reminder:** Providers filing for pneumonia vaccinations must include a Unique Provider Identification Number (UPIN). Providers are required to have either a “standing order” from a medical director or the physician’s name and UPIN reflected on the claim. *Effective with dates of service July 1, 2000, this information is no longer required for PPV.*

- \* **Public Health Districts/Non-Physician Suppliers** (such as Payless, Albertsons, etc.) are required to have a “standing order” physician name and UPIN on the roster form or HCFA-1500. If the “standing order” physician doesn’t have a Medicare UPIN, please enter OTH000 to indicate “other”. If the “standing order” physician is the same for all patients, indicate the UPIN on the HCFA-1500 form that is attached to the roster. If it is not the same for each patient, indicate the UPIN for each patient on the appropriate line of the roster form. (Reminder: This requirement must be met for claims filed paper or EMC.
- \* **Physician’s Office**  
Your physician’s name and UPIN must be shown on the HCFA-1500 form

HCFA-1500 Completion Instructions to be Used with Roster for  
Mass

## INFLUENZA IMMUNIZATIONS

- Item 1: Type “**X**” in the Medicare block
- Item 2: Type “**See attached roster**”
- Item 11: Type “**None**”
- Item 20: Type “**X**” in the “no” box
- Item 21: Type diagnosis code “**V04.8**”
- Item 24A: Type the date of service
- Item 24B: Type the appropriate two-digit place of service indicating where the services were rendered  
\* POS “**60**” should be used for mass immunization centers
- Item 24D: Line 1 - Type procedure code “**90658 or 90659**” for the influenza vaccine  
Line 2 - Type procedure code “**G0008**” for the administration of the vaccine
- Item 24E: Link lines 1 and 2 to diagnosis “**1**”
- Item 24F: Line 1 - Indicate the billed amount charged for a **single 90658 or 90659 procedure**  
Line 2 - Indicate the billed amount charged for a **single G0008 procedure**
- Item 27: Type “**X**” in the “yes” box
- Item 29: (Amount Paid) Type “**\$0.00**”
- Item 31: Signature
- Item 32: Type “**N/A**”
- Item 33: Include the name, address, telephone number, and provider identification number (PIN) of the performing provider

HCFA-1500 Completion Instructions to be Used with Roster for  
Mass

## PNEUMONIA IMMUNIZATIONS

- Item 1: Type “**X**” in the Medicare block
- Item 2: Type “**See attached roster**”
- Item 11: Type “**None**”
- Item 17A: *Effective with date of service July 1, 2000, this number is no longer required for PPV.* Dates of service prior to July 1, 2000 type the Unique Provider Identification Number (UPIN) of the physician who wrote the standing order if the physician is the same for all patients identified on the roster (If the physician is different for any patient, indicate the UPIN for the patient on the appropriate line of the roster.)
- Item 20: Type “**X**” in the “no” box
- Item 21: Type diagnosis code “**V03.82**”
- Item 24A: Type the date of service
- Item 24B: Type the appropriate two-digit place of service indicating where the services were rendered  
\* POS “**60**” should be used for mass immunization centers
- Item 24D: Line 1 - Type procedure code “**90732**” for the pneumonia vaccine  
Line 2 - Type procedure code “**G0009**” for the administration of the vaccine
- Item 24E: Link lines 1 and 2 to diagnosis “**1**”
- Item 24F: Line 1 - Indicate the billed amount charged for a **single 90732 procedure**  
Line 2 - Indicate the billed amount charged for a **single G0009 procedure**
- Item 27: Type “**X**” in the “yes” box
- Item 29: (Amount Paid) Type “**\$0.00**”
- Item 31: Signature
- Item 32: Type “**N/A**”
- Item 33: Include the name, address, telephone number, and provider identification number (PIN) of the performing provider

# INFLUENZA VIRUS VACCINE - ROSTER BILL

Provider Payee Name \_\_\_\_\_ Provider Telephone Number \_\_\_\_\_

Provider Payee Address \_\_\_\_\_

Medicare Provider Identification Number \_\_\_\_\_ Date of Service \_\_\_\_\_

	Patient's Medicare Health Insurance Claim Number	Patient's Name Last Name, First Name, M.I.	Patient's Address Street, City, State, and Zip Code	Sex M/F	Patient's Date of Birth	*Date of Service	Patient's Signature
1							
2							
3							
4							
5							
6							
7							
8							

\* Roster may only be used for services rendered on the same day, unless you are a physician billing for services rendered in your office.

# PNEUMONIA VIRUS VACCINE - ROSTER BILL

Provider Payee Name\_\_\_\_\_

Telephone Number\_\_\_\_\_

Medicare Provider Identification Number (PIN)\_\_\_\_\_

Date of Service\_\_\_\_\_

Provider Address\_\_\_\_\_

**WARNING: ASK BENEFICIARIES IF THEY HAVE BEEN VACCINATED WITH PPV.**

? ? **Rely on patient's memory to determine prior vaccination status**

?? **If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.**

?? **If patients are certain that they have been vaccinated within the past 5 years, do not revaccinate.**

	<b>Patient's Medicare Health Insurance Claim Number</b>	<b>Patient's Name Last Name, First Name, M.I.</b>	<b>Patient's Address Street, City, State, and Zip Code</b>	<b>Sex M/F</b>	<b>Patient's Date of Birth</b>	<b>*Date of Service</b>	<b>Name and UPIN of "standing order" physician</b>	<b>Patient's Signature</b>
1								
2								
3								
4								
5								
6								
7								
8								

# **ROSTER BILLING MADE SIMPLE**

## **Agenda**

- \* Applies to Paper claims only
- \* Must accept assignment
- \* Reason why roster billing was created
- \* No longer a minimum of 5 required for hospital roster billing
- \* Billing instructions for Influenza
- \* Billing instructions for Pneumonia
- \* Payment calculations
- \* Centralized billing
- \* Questions and answers

## PAYMENT CALCULATIONS AND ALLOWANCES

Carriers are required to pay drugs and biologicals based on the lower of the billed charge or 95% of the average wholesale price (AWP). The AWP is determined using the Red Book, Price Alert, or Medispan. For a single-source drug or biological, the AWP equals the AWP of the single product. For a multi-source drug or biological the AWP is the lesser of the median AWP of all generic forms of the drug or the lowest brand name AWP.

Listed below are the current allowances for the Influenza and Pneumococcal vaccinations.

<b>CPT Code</b>	<b>Description</b>	<b>Allowable</b>
90657	Influenza virus vaccine, split virus, 6-35 months dosage	\$
90658	Influenza virus vaccine, split virus, 3 years and above dosage	\$
90659	Influenza virus vaccine, whole virus	IC
G0008	Administration of influenza virus vaccine	\$
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use	\$
G0009	Administration of Pneumococcal vaccine	\$

\* Injection allowances may/can be changed without notification

Date: \_\_/\_\_/\_\_\_\_